

Arizona State Braille and Talking Book Library

Annual Application for Institutional Service

(Applications effective January-December)

Agency Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Ext: _____ E-mail: _____

Type of Agency:

_____ Nursing Home

_____ Hospital

_____ Library

_____ Other: _____

Types of Service Requested:

_____ Books on Tape - Includes one 4-track tape player

_____ Magazines on Tape - List of options will be mailed to you

Reader Profile - Check what applies to those who will be using the service

Books should be in:

_____ English

_____ Spanish

_____ French

_____ German

_____ Italian

_____ Other: _____

Restrictions:

_____ No explicit descriptions of violence

_____ No explicit descriptions of sex

_____ No strong language

Reading Level:

_____ Juvenile (Check all that apply)

_____ P-3, _____ 2-6, _____ 4-7, _____ 5-9

_____ Young Adult

_____ Adult

(over)

Please send us books from the following subject areas:

Subjects:

<input type="checkbox"/> Adventure - Fiction ADV	<input type="checkbox"/> History HST
<input type="checkbox"/> Adventure - Non-Fiction ADVN	<input type="checkbox"/> History – U. S. only HUS
<input type="checkbox"/> Animals – Fiction ANM	<input type="checkbox"/> Horror Stories HOR
<input type="checkbox"/> Animals – Non-Fiction ZOO	<input type="checkbox"/> Humor HUM, MYSH, TRAH
<input type="checkbox"/> Arizona - Fiction AZIH, AZIM, AZIW	<input type="checkbox"/> Mysteries MYS, MYSA, MYSB
<input type="checkbox"/> Arizona - Non-Fiction AZNF, AZNFH, AZNFT	<input type="checkbox"/> Nature – Non-Fiction NAT
<input type="checkbox"/> Arts and Crafts AC	<input type="checkbox"/> The Occult OCC, OCCN
<input type="checkbox"/> Autobiography ABI	<input type="checkbox"/> Poetry POE
<input type="checkbox"/> Best Sellers – Fiction BEF	<input type="checkbox"/> Psychology, Popular PSY
<input type="checkbox"/> Best Sellers - Non-Fiction BEN	<input type="checkbox"/> Religion REL
<input type="checkbox"/> Biography BIO	<input type="checkbox"/> Romance ROM
<input type="checkbox"/> Books in Spanish SPL	<input type="checkbox"/> Science Fiction SCF, SCFAN
<input type="checkbox"/> Classics CLA	<input type="checkbox"/> Short Stories SST
<input type="checkbox"/> Family Stories FSTD	<input type="checkbox"/> Social Issues SOPP
<input type="checkbox"/> Fantasy Fiction FAN, FSTD	<input type="checkbox"/> Sports SPO
<input type="checkbox"/> Gentle/Nostalgic Fiction GENT	<input type="checkbox"/> Travel TRA
<input type="checkbox"/> Historical Fiction HIF	<input type="checkbox"/> Travel, U. S. only TRAUS
<input type="checkbox"/> Historical Fiction, U.S. Only HIFUS	<input type="checkbox"/> Westerns WES

☐ Library may select books for this account from the subject areas marked above.

☐ Send only books that we order (at least 4 books per year to retain equipment).

Authorization Signature

I certify that this agency regularly provides service to individuals who are unable to read a regular print book because of a permanent or temporary visual or physical disability. I hereby request an institutional account with the Arizona State Braille and Talking Book Library in order to provide these individuals with the opportunity to enjoy recorded materials.

ADMINISTRATOR'S Signature: _____ **Date:** _____
(Other than contact person)

Printed Name: _____

Title: _____ **Title:** _____

Mail completed application to:

Arizona State Braille And Talking Book Library
1030 N. 32nd Street
Phoenix, Arizona 85008
Attn: Christine Tuttle
ctuttle@lib.az.us